



KONICA MINOLTA

Mohave Educational Services Cooperative Contract 10i-KMBS-0127

KMBS CPC Service & Maintenance Agreement

Sold To: (legal name)

Name: Gila County Account Number: _____

Address Line 1: _____

Address Line 2: Gila County FinanceStreet Address: 1400 E. Ash StreetCity: Globe State: Az Zip: 85501Tax Exemption ☒ No ☐ Yes (Certificate required)PO Required ☐ No ☒ Yes (Copy required)

Ship To:

Name: Gila County Account Number: _____

Address Line 1: _____

Address Line 2: Gila County Sheriffs - Payson Task ForceStreet Address: 600 S. Green Valley ParkwayCity: Payson State: Az Zip: 85541

Tax Exemption Number: _____

PO Number: _____ PO Expiration Date: _____

Advantage CPC Maintenance Plan

Cost Per Copy

☒ With Supplies ☐ Without Supplies - Purchased SeparatelyEffective Date: 90 Days from InstallBilling for CPC contract: ☐ Monthly ☐ Quarterly ☒ AnnuallyContract Term (Months): ☐ 12 ☐ 24 ☒ 36 ☐ 48 ☐ 60Overages billed: ☐ Monthly ☒ Quarterly ☐ Annually

Product Covered Under Contract:

Item	Model Description	Serial Number	Type	Start Meter Read	Monthly Min Volume	CPC	Monthly Min \$	Overage CPC
1	BizHub C224e		C			\$ 0.05020		\$ 0.05020
			B/W	Flat Rate - Unlimited			\$ 27.30	
2			C				327.6 Annual	
			B/W					
3			C					
			B/W					
4			C					
			B/W					
5			C					
			B/W					
6			C					
			B/W					

Comments

This agreement incorporates Schedule A-1 KMBS Modified Standard Maintenance Terms and Conditions for Mohave Educational Services Cooperative (MESC), a copy of which is available upon request. Not binding on KMBS until signed by KMBS Manager.

Customer Name: DON E. MCDANIEL, JR.KMBS Representative: [Signature] 11-12-14 DateSignature: [Signature] 11/19/14 Date

KMBS Manager: _____ Date

Title: COUNTY MANAGER

FOR INTERNAL USE

☒ New Customer ☒ Maintenance w/ Equipment Order ☐ Maintenance Only ☒ Maintenance Billed by KMBS ☐ Maintenance Billed by Lease Company ☐ Dealer ServicedPE #: _____ Agreement #: _____ Customer Code 1: Mohave Contract

Promotion #: _____ Price Plan #: _____ Customer Code 2: _____

Subfleet #: _____ Customer Code 3: _____

Key Operator Contact: Eric Axlund Phone: _____ Email Addr: _____

Meter Read Contact: _____ Phone: _____ Email Addr: _____

Accounts Payable Contact: _____ Phone: _____ Email Addr: _____

Special Instructions: _____

Additional Documents Attached:

☒ Price Exception ☐ Tax Exempt Certificate
☒ Purchase Order ☐ Credit Application

Sales Rep Number _____ Sales Rep Name (Please Print) _____ Sales Rep Email Address _____

Originating: _____ Robert Barney robbarney@cableone.net

Order Taking: _____

Servicing: _____

Contract Processed: ☒ Windsor, CT ☐ Branch Interstate Copy Shop (Branch Name)